

HEALTH INSURANCE CHECKLIST

NAME: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYEE ID NUMBER: _____

AGENCY: _____

HIRE DATE: _____

WORK PHONE: _____

COUNTY OF RESIDENCE: _____

Have you worked for any other state agency, board of education, or health department within the last 60 days? Yes ___ No ___

If so, please give the agency _____

Date of Termination or Transfer _____

Are you retired from any state retirement system? Yes ___ No ___

If yes, please specify which system. _____

From whom do you receive your health insurance coverage?

KRS: _____ or your **Active Employer:** _____

I acknowledge that I have received copies of:

____ 2014 Health Insurance Handbook

____ Health Insurance Application (this is in the Health Insurance Book)

____ Health Insurance Checklist

I hereby certify that I have received my Health Insurance Book and I fully understand my entitlements and responsibilities.

Employee Signature

Date

Agency Representative